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1989



THE HABIT

CHEMICAL DEPENDENCY BUREAU**Montana Department of Institutions
1539 11th Avenue, Helena, MT 59620
(406) 444-2827**

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Phyllis Burke, Certification & Training

Quarterly Publication

1989 LEGISLATION

The following alcohol and drug related house and senate bills were passed and signed by Governor Stephens this past Legislative Session.

- HB 378 Requiring the Board of Nursing to establish a program to assist and rehabilitate licensed nurses who are found to be physically or mentally impaired by habitual intemperance or the excessive use of narcotic drugs, alcohol, or other substances.
- HB 393 Clarifying that possession of an intoxicating substance includes consumption of the substance; providing that costs of participation in a community-based substance abuse information course may be paid indirectly through court-ordered community service.
- HB 414 Increase the fine for possession of an intoxicating substance by a person under the age of 18 years.
- HB 425 Modify the DUI and per se penalty statutes relating to alcohol or drug-related driving offenses.
- HB 495 Clarifying that for the offense of unlawful possession of an intoxicating substance by a person under 21 years of age to be committed, the person need not be in possession of the substance at the time of arrest.
- HB 606 Allow a parent, guardian, and certain other adults to legally provide nonintoxicating amounts of alcohol to a person under 21 years of age; to make the provider of an intoxicating quantity of alcohol to a person under 21 years of age subject to civil liability for tortious acts committed by the person while intoxicated.
- SB 101 Revise the laws relating to general relief assistance.
- SB 340 Revise and continue the certificate of need laws; to exempt hospitals from certificate of need requirements in certain circumstances.

The most significant impact on chemical dependency programs is HB 425. This bill virtually mandates appropriate treatment for all second, third and subsequent offenders, allows an offender to attend a state approved program of his/her choice for both court school and treatment, and requires that only certified chemical dependency counselors provide recommendations to the courts. We believe that this was very good legislation and should help reduce repeat offenders. A concern with this bill is that rural programs who have a difficult time hiring certified chemical dependency counselors can no longer use certification eligible counselors for providing assessments.

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Be Smart!

Don't Start!



STAY SMART!! PREVENTION CORNER

Marcia Armstrong



The Chemical Dependency Bureau Receives CYAP Grant

The Chemical Dependency Bureau recently sent out over one-hundred Request for Proposals (RFP) for the Community Youth Activity Program Block Grant. With this announcement we are initiating a statewide demonstration program which we hope will bring new perspectives and techniques to the prevention of alcohol and other drug abuse while enhancing the concept and practice of early intervention.

Specifically, this grant program is authorized by the Anti-Drug Abuse Act of 1988 (P.L. 100-690). Approximately \$68,500 is available to establish innovative alcohol and other drug abuse prevention services in your community. Individual community organizations will be awarded only one grant project. You are encouraged to identify your community's needs and develop your proposal meshing those needs with one of the grant announcements priorities. It is estimated that each grant proposal awarded will be approximately \$5,000.

Priority will be given to projects that provide parent education and mobilization of parents, projects designed for additional networking of communities and the five regions of Montana or projects that provide training to communities to build effective coalitions. The funding cycle will be October 1, 1989 to September 30, 1990.

MONTANA CARING FOR KIDS CONFERENCE 1990

The next conference "Montana Caring for Kids" is scheduled for January 25-26, 1990 in Butte at the Copper King Inn. The conference is in the initial planning stages with a possibility of limiting the attendance number. If you have questions or comments contact Marko Lucich (723-8262 x 298) or Marcia Armstrong (444-2878).

MONTANA CARING FOR KIDS CONFERENCE III - 1989

The third annual Montana Caring for Kids Conference was held in Butte, April 27-28, 1989. The conference once again was a wonderful success.

Approximately 900 attended the two-day conference with 400 of those being youth between 5th grade and seniors in high school. The featured speaker for the adult track Thursday night was Frank Medina, a Probation Officer and expert on ritualistic criminal behavior. He proved to be an enlightened speaker with an abundance of information to offer.

The adult track on Thursday featured the Butte BEST students who offered a series of skits that demonstrated the problems youth face today. The adults then attended workshops on such areas as suicide, family dysfunction, sexuality, child abuse, eating disorders, loss/change/growth and chemical dependency. The afternoon began with a skit on vulnerability with workshops focusing on topic areas from the skit such as self esteem, relationships, burn out and stress, and transition stages.

The Friday adult track started with a Native American vision, particularly what the Confederated Salish/Kootenai Tribes are doing to heal their community. To top off the morning the Butte Native American dancers were featured. Workshops for Friday focused on grant writing, policy making, evaluation, resources available on the state and federal level and employee and student assistance. The closure of the conference was a panel of six youth.

Montana Caring for Kids Conference III - 1989 (continued)

The youth track was held at the War Bonnet Inn with four hundred attending. The youth had the same topic areas as adults but broke into small groups three times throughout the two-day conference. Thursday night the Butte BEST students hosted a dance which was the highlight of the day.

All in all the conference was well received with everyone looking forward to the next conference.

Grant applications are due in this office by 5:00 p.m., August 31, 1989. Awards will be announced in September. If you would like a copy of the RFP or have questions contact Marcia Armstrong at 444-2878.

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THE MONTANA COMMUNITIES IN ACTION FOR DRUG FREE YOUTH RECEIVES ACTION GRANT

Darlene Meddock, president of Montana Communities in Action received notification of a grant award for \$24,002 from ACTION. Arkansas, Idaho, Hawaii, and South Carolina were the other states that received grants. The grant has three projects, the first being a series of five regional meetings to provide a vehicle of parent education and networking. The second is for the Montana Caring for Kids Conference and the third for the Red Ribbon campaign.

Montana Communities in Action are very excited about receiving this grant and the tremendous possibilities available to better network Montana. When the regional meetings are organized and scheduled notice will be sent out to community based prevention programs and other interested persons.

A meeting was held in Helena, June 26, 1989, to discuss the grant, Montana Caring for Kids Conference and Red Ribbon Campaign for 1989. It was decided by the members present to develop a policy of a city hosting the Montana Caring for Kids Conference two years in a row. As a result Butte will host the 1990 conference and Helena will host the conference for 1991 and 1992.

The Red Ribbon Campaign is scheduled for October 22-29, 1989 with Governor Stan Stephens and Ann Stephens as honorary chairpersons. A 15 minute video describing the 1988 campaign is available. Contact Darlene Meddock at 761-6680 if you are interested.

THE 1989 RED RIBBON CAMPAIGN

The second National Red Ribbon Campaign is scheduled for October 22-29 with President George and Barbara Bush as national chairpersons and Governor Stan and Ann Stephens as Montana's honorary chairpersons. The purpose of Red Ribbon Week is to present a unified and visible commitment toward the creation of a Drug Free America.

The Red Ribbon Campaign originated when Federal Agent Enrique Camarena was murdered by drug traffickers in 1985. The Red Ribbon became the symbol to reduce the demand for drugs, just as the yellow ribbon symbolized the hostages in Iran, and the green ribbon symbolized the murdered children in Atlanta. Many individual communities across Montana organized Red Ribbon Campaigns to create awareness of alcohol and other drug problems.

The 1988 campaign was very successful in Montana with the 1989 campaign looking even better. Should you have any questions please contact Darlene Meddock, 1245 Park Garden Road, Great Falls, MT 59404, (406) 761-6680.

In order to receive Red Ribbon materials from the national headquarters your organization must be registered with the Montana Communities in Action. Following is the application required.

[illegible]

This application is required for communities choosing to Red Ribbon supplies for the National Federation of Parents national headquarters. If you have questions, please contact Marcia Armstrong (444-2878) or Darlene Meddock (761-6689).

APPLICATION FOR COUNTY/LOCAL CHAPTER
NFP/MCA

Name of Proposed Chapter

Contact Person

Telephone

Address

Provide names, addresses, contact persons, telephone of other 501(C(e) groups known in your county if yours is a local Parent/Community group. (additional names may be added to the back of sheet)

Provide ZIP Codes of area served by your County or Local Group

If not a county chapter, what have you done to begin the process of implement a county chapter for qualification necessary for next year's requirements?

How will you fulfill the purposes of NFP/MCA?

How will you locate and involve volunteers?

Include with your Application the following:

*Proof of 501(c)(3) status.

*Organizational structure (including Board of Directors)

*By-laws which carry a "no responsible use" message (no use of illegal drugs; no illegal use of legal drugs)

*A plan for fulfilling purposes of the National/State organization.

*A check for \$15.00 made out to Montana Communities in Action for Drug Free Youth, Inc. (yearly membership fee)

PLEASE RETURN TO MONTANA COMMUNITIES IN ACTION FOR DRUG FREE YOUTH, INC. 1245 Park Garden Road, Great Falls, MT 59404.

NOTE: For the year of 1989 only, all parent/community groups with the needed papers filed who meet the attached qualifications by October 15, 1989, (will be considered "Chapters" this year only), will be eligible to receive 85% of the net proceeds generated by their community from the Red Ribbon Campaign. After 1989, groups must combine if more than one, to represent a county.

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The shift also echoes the growing awareness among federal officials and treatment-program administrators--long known to anti-drug abuse professionals--that treatment clients increasingly suffer dual addictions. The term "substance abuse" is also viewed as masking the fact that alcohol, though legal, is a drug of abuse.

Finally, the change was authorized to highlight the attention paid to the disease of alcoholism by Health and Human Services Secretary Otis Bowen, MD.

But OSAP itself will keep its title, Haase said. It bears this name by legislative order, she explained. It would take an act of Congress to rechristen the organization, and no such move is afoot. OSAP was created by the Anti-Drug Abuse Act of 1986. Among the other in-vogue terminology prescribed by OSAP:

- drunk driving
- liquor (to mean any alcoholic beverage)
- substance abuse
- substance use
- abuse when it refers to youth, teens, or children (anyone under 21)
- hard or soft drugs
- recreational use of drugs
- responsible use
- accidents when referring to alcohol/drug use and traffic crashes
- drug abuse prevention or alcohol abuse prevention
- mood-altering drugs
- workaholic (since it trivializes the alcohol-dependence problem)
- alcohol-impaired driving (because a person does not have to be drunk to be impaired)
- beer, wine and/or distilled spirits
- alcohol and other drug abuse
- alcohol and other drug use
- use (HHS aims to prevent use--not abuse--of alcohol and other drugs by youth)
- drugs--since all illicit drugs are harmful
- use--since no use is recreational
- use--since risk is associated with all use
- crashes
- except when referring to adults. Use the phrase, "to prevent alcohol and other drug problems"
- mind-altering drugs

In addition, OSAP may recommend that the phrase "gateway drugs" be scrapped because it connotes only marijuana, alcohol and tobacco. "It doesn't include the 9-year-old who experiments with cocaine or the 12-year-old glue sniffer," Haase said. OSAP would like to emphasize the act of experimentation, not the particular drug used. Consequently, phrases under consideration are "first use" and "first experimentation," although the latter will probably not get the nod because it implies "a healthy curiosity," Haase said.

From: Alcoholism and Drug Abuse Week
January 1989

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STAFF ATTENDS RADAR WORKSHOP

Nancy Tunnicliff, Project Evaluator, for the Chemical Dependency Bureau, attended the first national prevention training workshop in Dallas, Texas for members of the RADAR network. Representatives of RADAR (Regional Alcohol and Drug Awareness Resource) met June 27-30 to learn strategies for marketing prevention materials and for using electronic communication techniques.

The Office of Substance Abuse Prevention (OSAP) is seeking to decentralize the work of the national Clearinghouse for Alcohol and Drug Information and to work in partnership with 50 state governments to take prevention messages to individual communities. As the Montana RADAR center, the Chemical Dependency Bureau will continue to distribute bulk prevention materials and is assessing how it will begin networking more effectively with OSAP and Montana communities. Attendance at the Dallas training was helpful in learning what other states are doing in prevention efforts as well as the possibilities that true networking would offer Montana citizens in their efforts to curb the escalating alcohol and drug abuse problems.

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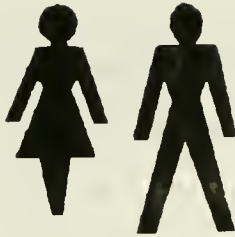
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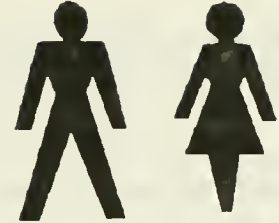
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INTERVENTION SECTION



MONTANA DUI CONVICTIONS BY COUNTY AND AGENCY 1/1/89 - 6/30/89

	MHP	POLICE	SHERIFF	BIA	UNKNOWN	TOTAL
Beaverhead	10	7	5			22
Big Horn	9	1	36			46
Blaine	17	16	2			35
Broadwater	14	0	5		1	20
Carbon	10	15	7			32
Carter	0	0	0			0
Cascade	86	210	16			312
Chouteau	6	0	6			12
Custer	13	23	3			39
Daniels	0	1	0			1
Dawson	5	20	18		1	44
Deer Lodge	20	0	28			48
Fallon	4	8	1			13
Fergus	8	14	4			26
Flathead	72	202	45			319
Gallatin	28	84	68			180
Garfield	0	0	0			0
Glacier	14	15	5	90		124
Golden Valley	1	0	4			5
Granite	4	0	3			7
Hill	16	61	4			81
Jefferson	10	11	18			39
Judith Basin	5	0	1			6
Lake	53	54	61	16	1	185
Lewis & Clark	33	163	32		3	231
Liberty	0	0	2			2
Lincoln	19	2	48			69
Madison	5	0	27			32
McCone	2	0	0			2
Meagher	2	0	2			4
Mineral	6	0	15			21
Missoula	74	244	51			369
Musselshell	2	0	5			7
Park	10	20	10			40
Petroleum	0	0	0			0
Phillips	6	8	3			17
Pondera	10	11	3			24
Powder River	3	2	3			8
Powell	9	8	3			20
Prairie	1	0	1			2
Ravalli	41	53	12			106
Richland	7	8	7			22
Roosevelt	8	0	11	4		23
Rosebud	16	0	22			38
Sanders	3	8	28			39
Sheridan	4	4	7		1	16
Silver Bow	41	1	156		2	200
Stillwater	6	1	10			17
Sweet Grass	4	0	3			7
Teton	4	2	3			9
Toole	8	0	14			22
Treasure	3	0	0			3
Valley	4	3	0			7
Wheatland	1	0	4			5
Wibaux	0	0	1			1
Yellowstone	96	385	8			489
District Court	6	3	17			26
Unknown Court	0	15	1		95	111
TOTAL	839	1683	849	110	104	3585

SURVEY OF STATE ACTIVITIES

The National Commission Against Drunk Driving surveyed states to gather information on counter measures states have accomplished from 1983-88. The highlights are:

- In April 1988, Wyoming became the final state to raise its purchase and possession age to 21. Now all 50 states are at age 21. This countermeasure has consequently been deleted from the checklist.
- One of the most encouraging signs of progress is the slow but steadily increasing number of states that are establishing Blood Alcohol Content (BAC) per se levels below .10%. This year, Maine joined Oregon and Utah in becoming the third state to lower its BAC level to .08%. These reductions reflect the growing recognition that even modest levels of alcohol consumption can significantly impair drivers and jeopardize highway safety.
- A new countermeasure was included on this year's checklist that reports on license sanctions for youth under age 21. Because of the disproportionately high rate of alcohol-related motor vehicle crashes involving youth, the NCADD is emphasizing the need for states to enact legislation to increase license sanctions for youth under 21 who are caught driving impaired. Only 21 states report having increased license sanctions for youth, and often these only apply to minors under 18. Legislation is needed that does not neglect youth age 19-20, who also are prohibited from purchasing and possessing alcohol.
- This year's checklist reports a sizeable increase in the number of states that have a mandatory 90-day loss of license for first offense DWI. This increase is due, largely, to the NCADD's decision to ease our requirement on this item in order to conform with the DOT criteria for 408 funding. To receive recognition for this measure this year, state law must mandate a 90-day license suspension, but a state can meet this by having a 30-day "hard" suspension followed by a 60-day restricted suspension. In the past, the NCADD insisted that the entire 90-day suspension be hard, in accordance with the Presidential Commission's recommendation. It should be emphasized that a full 90-day hard suspension remains preferable.

If you would like a copy of the National Commission's "Checklist State Drunk Driving Countermeasures" which is free upon request, contact National Commission, 1140 Connecticut Ave., NW, Suite 804, Washington, DC 20036; (202) 452-0130.

SURGEON GENERAL'S RECOMMENDATIONS TO CURTAIL DRUNK DRIVING

U.S. Surgeon General, C. Everett Koop, MD, released the final recommendations of the Surgeon General's Workshop on Drunk Driving. Ten recommendations were highlighted with his personal endorsement. They are:

1. Reduce the blood alcohol concentration (BAC) for determining DWI from its present level of 0.10 percent in most states to 0.08 percent immediately and 0.04 percent by the year 2000. The permissible BAC level for drivers under 21 should be established at 0.00 percent nationally.
2. Increase taxes on alcoholic beverages by equalizing the taxes on beer and wine with those of distilled spirits, based on alcohol content, and raise them by adjusting for past inflation. Taxes would be indexed in the future for inflation so that they do not decline in real dollars.
3. Each state should provide a self-sufficient funding system for comprehensive alcohol-impaired driving program, including assistance to victims of impaired-driving crashes. The system should be funded through fines, surcharges, assessments, fees from alcohol-related violations and other non-federal sources, including state alcohol excise taxes.
4. Encourage states and local governments to evaluate and eliminate policies that increase the availability of alcoholic beverages, especially at outlets for on-premise consumption, and to adopt policies that reduce their availability.
5. Each state should pass legislation for an administratively-imposed driver license sanction that is separate from other criminal sanctions imposed by the courts -- the so-called administrative per se license suspension.
6. Match the level of alcoholic beverage advertising with equivalent exposure for pro-health and pro-safety messages.

SURGEON GENERAL'S RECOMMENDATIONS (Cont.)

7. Restrict certain types of advertising and marketing practices, especially those which reach underage youth. This goal should be accomplished through voluntary restraints by alcoholic beverage producers and distributors, as well as by the media and entertainment industries.
8. Conduct public information efforts based on social marketing and communication strategies and on sound learning principles. 'Make such efforts part of a comprehensive program to help deter and prevent drinking and driving. Increase the number and quality of electronic and print messages which portray dangers associated with drinking and driving.
9. Consider drinking and driving education as an essential component of a comprehensive public health approach to reducing alcohol-impaired driving and integrate it into all health promotion and risk reduction programs. Undertake educational interventions within worksites, the family and community, health care agencies and schools.
10. Increase enforcement of drinking and driving laws by expanding the use of sobriety checkpoints, chemical breath test devices (preliminary and evidentiary), drug recognition experts and standardized field sobriety testing. Educate enforcement, prosecutorial and judicial personnel about enforcement techniques and their appropriate evidentiary use.

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NATIONAL ASSOCIATION FOR NATIVE AMERICAN
CHILDREN OF ALCOHOLICS (NANACOA)

In March 1988 at the National Association for Children of Alcoholics in New Orleans, NANACOA was formed. NANACOA has set the following objectives for their organization.

1. To establish a national network and newsletter for Indian Children of Alcoholics.
2. To develop educational and supportive information and make it available to Indian communities.
3. To hold a national conference for Indian Children of Alcoholics and others working in Indian communities to come together to heal and recharge their energy.
4. To inform local and national policy makers about the needs of Indian children of alcoholics and influence positive social change toward a healthy community.

A twenty member Board of Directors was appointed. This group has spent the last several months organizing its legal status, raising funds for the newsletter, planning the first conference which will be in Missoula, September 10-13, 1989, and attempting to educate leadership in the Indian community and across the nation about multigenerational alcoholism and family dysfunction.

Montana has five representatives on the Board of Directors, they are:

Gary Acevedo
320 Adams S.E.
Ronan, MT 59864

Judy Gray
P.O. Box 755
Harlem, MT 5952

Joyce Spoonhunter
P.O. Box 495
Browning, MT 59417

John Bird
P.O. Box 654
Browning, Mt 59417

Anna Whiting-Sorrell
26 Round Butte Rd.
Ronan, MT 59864

For more information, please write to any of these members or to the national headquarters: NANACOA, P.O. Box 3364, Seattle, WA 98114.

DUI TASK FORCE TO ADDRESS CHANGES IN LAW

The Montana DUI Task Force on rulemaking will reconvene in August to address the statutory changes made by HB 425. The results of this meeting will give direction to the new rules to be formulated to implement HB 425.

TREATMENT SECTION
FOLLOW-UP REPORTING TO CDB

During the past year, the evaluation team has been concerned about the quality of the followup systems statewide and the accuracy of the information being reported to the Chemical Dependency Bureau. State standards require that programs contact at least 55 percent of the primary clients who have successfully completed treatment, and that 70 percent of those contacted will show improvement. Many programs in the state are reporting improvement rates of 90 to 100 percent. Given the well documented high rate of relapse for chemically dependent people figures this high are immediately suspect. Upon examination, the evaluators often find that the problems with followup usually lie in a poorly designed system or a system that is in place but not being utilized correctly.

When implementing a followup system, it is important to understand several key points. First, the CDB requires followup only on primary clients who have successfully completed treatment. Followup is not required on clients who do not complete treatment nor is it required on family members. Second, please remember that "IMPROVEMENT" is defined as no use in the past 30 days. Third, it is important to ask the former client several questions about his use and to ask the same questions of everyone to ensure good data collection.

Programs should set their followup system up following the guidelines made available by the CDB. If you do not have a copy of these guidelines, please call our office and we will send you one.

SEPTEMBER IS TREATMENT MONTH

The Ad Hoc Coalition on National Alcohol and Drug Issues is sponsoring the Second Annual National Celebration focusing on alcohol and other drug abuse treatment. Last year's event - Independence through Treatment Week - had over 600 treatment programs across the country participate in open house and other public events.

The 1989 National Alcohol and Drug Treatment Open House Celebration has been expanded to a full month - September 1989. The celebration kickoff will occur on August 30, 1989, at the Alcohol and Drug Problems Associations (ADPA) 40th anniversary and national conference in Washington, DC.

The theme of this year's Treatment Month is Treatment Works! We would encourage local programs and providers to invite elected officials and the public to events highlighting the positive benefits of alcohol and other drug abuse treatment. If your community does participate in Treatment Month, please contact the Chemical Dependency Bureau and your program will be included in the next HABIT issue.

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TRAINING SECTION

DUAL DIAGNOSIS WORKSHOP OFFERED

Alcoholism, Chemical Dependency and Mental Illness, a workshop for chemical dependency professionals and others, will be offered October 19-20, 1989. This training was originally planned for last spring but was postponed until this fall. It is sponsored by the Chemical Dependency Bureau and will be presented by Jim Farrell, M.A., C.D.C.

Alcohol and drug treatment programs report increasing numbers of patients who are both chemically dependent and suffer from some type of mental illness. The efforts in this workshop will be targeted toward better coordination, case management and treatment of this "special needs" population. The presentations offered should alleviate some of the frustrations often felt by counselors who work with these clients.

CE POINTS: 2

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Sept. 6	Wilderness Treatment Center	Noon presentation
	"Why the wilderness breaks down the denial & defenses."	

Sept. 7 Drug Free Work Place Act 1989

Sept. 13 AIDs and Intravenous Drug Use

Sept. 20 Youth at Risk and Chemical Dependency

Sept. 27 How to Identify the Chemically Dependent Worker

Alcohol Services of Gallatin County
Saturday Morning Presentation 10:00 - 11:30 A.M.

Sept. 9 Tired of Role-Playing at Home

Sept. 16 Find Out, Once and For All, Whether You or Someone
You Love is Chemically Dependent

Sept. 23 Teenagers and Drug Abuse

Sept. 30 Sexuality Issues in Recovery

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From: The Addiction Letter
January 1989

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THE UNIVERSITY OF CHICAGO PRESS

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From: Substance Abuse Report,
January 15, 1988

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EVALUATING TREATMENT OPTIONS

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EVALUATING TREATMENT OPTIONS (Continued)

BEWARE OF:

Scare Tactics, the use of inevitable, vague, dire consequences unless you do what the counselor says.

Finger Pointing, appealing to parents' guilt to make a certain type of decision about the treatment setting or program.

False Promises. Curing the problem in 30 or 60 days. Recovery is an ongoing process.

Overconcern About Reimbursement. Program costs need to be balanced with quality treatment and the family's ability to pay.

One Treatment Fits All. A treatment plan should fit the client's needs. Not all clients are alike, not all treatment programs are alike.

A Counselor's Personal Agenda. "My recovery happened at..., therefore your child's recovery should happen at..."

LOOK FOR:

Education. Recovery is complex. The family is entitled to know about adolescent development, chemical dependency, recovery process and what they can do to become part of the recovery process.

Choices. The treatment program should give the family choices and reasons for those choices. This will help the family own their part in recovery and avoid feelings of being railroaded and preyed upon.

Cooperation among adolescent, family, school, and the treatment program. They need to work together, now more than ever, to get recovery firmly established.

WHAT TO DO:

Get Two Assessments to understand accurately the needs of the adolescent and the family, and what is the appropriate treatment setting. Is a residential setting necessary or an issue of preference? How long is treatment? If 28-days or 45-days is the program's standard, why is that needed in this case?

Go Shopping. Check different treatment philosophies, prices, insurance coverage. How much aftercare is covered? How involved are the parents and other family members in treatment and aftercare?

Expect Straight, Direct Answers. Staff should be informed and able to give you answers about adolescent development, alcohol and drug use and abuse, family systems, counseling approaches, etc. Their answers should help the family feel that they are making the best decision possible.

"Reality Test" the claims of the treatment program. Attend open classes or aftercare groups. Check with friends, people in similar situations, and other professionals.

The decisions about treatment modality and programs are crucial, their consequences long lasting. The better the information treatment providers give families, the better will be the treatment outcome for all, the adolescent, the parents, and the treatment program itself.

Reprinted from: CADAD, The Prevention Express,
Spring 1989

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The HABIT routinely publishes articles or excerpts from articles that appear in nationally distributed publications primarily in the field of chemical dependency. Such articles are solely intended to be informational services to our readers and to make them aware of current trends and opinions on issues relating to chemical dependency. Such articles do not necessarily reflect the opinions or policy of the Chemical Dependency Bureau. Suggestions for noteworthy articles or opposing views to articles published are welcomed and encouraged.

CHEMICAL DEPENDENCY BUREAU

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